

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

The Council of Insurance Agents &amp; Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

04

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	452936.05
(b) Cash on Hand at Beginning of Reporting Period .....	442007.12	
(c) Total Receipts (from Line 19) .....	78657.54	163438.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	520664.66	616374.11
7. Total Disbursements (from Line 31) .....	54698.38	150407.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	465966.28	465966.28
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	76326.04	145911.48
(ii) Unitemized .....	2331.50	12526.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	78657.54	158438.06
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	78657.54	158438.06
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	78657.54	163438.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	78657.54	163438.06

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1698.38	3443.03	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1698.38	3443.03	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53000.00	146964.80	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54698.38	150407.83	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54698.38	150407.83	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	78657.54	158438.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78657.54	158438.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1698.38	3443.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1698.38	3443.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David F. Uppinghouse

Mailing Address 3068 East Nichols Circle

City

Centennial

State

CO

Zip Code

80122-3462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Gilder Insurance Corp-  
oration (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31394526

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy M. Fleming

Mailing Address 1842 Morgan Road

City

Orono

State

MN

Zip Code

55356-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RJF Agencies, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31405771

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stanley D. Loar

Mailing Address 6351 Nicasio Valley  
P.O. Box 732

City

Nicasio

State

CA

Zip Code

94946-0732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodruff-Sawyer & Company  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405774

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin P. Hughes

Mailing Address 45 East Bellevue Place

City

Chicago

State

IL

Zip Code

60611-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hub International Limited  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405775

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Steven J. Topel

Mailing Address 809 Kimball Road

City

Highland Park

State

IL

Zip Code

60035-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JMB Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405776

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa A. Lally

Mailing Address 38 Woodland Avenue

City

Syosset

State

NY

Zip Code

11791-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AmWINS Brokerage of New  
York, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405905

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kerry B. Drake

Mailing Address 6448 Province Lane

City

Baton Rouge

State

LA

Zip Code

70808-3578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BancorpSouth Insurance Se-  
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405906

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Barron, Jr.

Mailing Address 5726 Swan Drive

City

Clayton

State

OH

Zip Code

45315-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brower Insurance Agency,  
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405909

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Michael Brewer

Mailing Address 7881 Howe Circle

City

Prairie Village

State

KS

Zip Code

66208-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockton, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405911

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Klonk

Mailing Address 11542 Elizabeth Circle

City

Strongsville

State

OH

Zip Code

44149-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405913

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce W. Ferguson

Mailing Address 125 Indian Hills Trail

City

Louisville

State

KY

Zip Code

40207-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Underwriters Group (HQ),  
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31405923

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randolph W. McGann, Jr.

Mailing Address 291 Masters Court

City

Johns Island

State

SC

Zip Code

29455-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T - Barger Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 31472252

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kerry Scott Crawford

Mailing Address 3215 Town Manor Circle

City

Dacula

State

GA

Zip Code

30019-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 31472709

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Crable

Mailing Address 712 Riverton Road

City

Moorestown

State

NJ

Zip Code

08057-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corporate Synergies Group,  
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: 31518390

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Bradley J. Plummer

Mailing Address 1064 Bonnie Ct

City

Dubuque

State

IA

Zip Code

52003-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cottingham & Butler, Inc.  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: 31518408

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Hering

Mailing Address 13040 Aguamarina Point

City

San Diego

State

CA

Zip Code

92128-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barney & Barney, LLC (HQ)

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31518630

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Johnny Pitts

Mailing Address 3970 Grandview Avenue

City

Memphis

State

TN

Zip Code

38111-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lipscomb & Pitts Insurance-  
e, LLC (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31519386

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory B. Norton

Mailing Address 109 Grace Church Street

City

Rye

State

NY

Zip Code

10580-3946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31519662

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven Cherok

Mailing Address 8911 Heydon Hall Circle

City

Charlotte

State

NC

Zip Code

28210-6058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: 31519800

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Tewksbury, Jr.

Mailing Address 1 Haddon Place

City

Fort Washington

State

PA

Zip Code

19034-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: 31519873

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ryan Wilkerson

Mailing Address 6731 Rainbow Avenue

City

Mission Hills

State

KS

Zip Code

66208-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haas & Wilkerson, Inc. (H-Q)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	0

Transaction ID: 31520176

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel D. Hite

Mailing Address 3104 Forrest Park Avenue

City

Nashville

State

TN

Zip Code

37215-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Horizon Insurance  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31520349

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Kain

Mailing Address 303 Cherry Lane

City

Havertown

State

PA

Zip Code

19083-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31520448

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. O'Malley

Mailing Address 26 Faybrooke Drive

City

Marlton

State

NJ

Zip Code

08053-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31520542

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Reid Wagner

Mailing Address 4130 Chagrin River Road

City

Moreland Hills

State

OH

Zip Code

44022-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31521123

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark G. Cornish

Mailing Address 1475 Hilltop Road

City

Chester Springs

State

PA

Zip Code

19425-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31522048

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Shawn P. Pynes

Mailing Address 1504 Vivaldi Street

City

Cardiff By The Sea

State

CA

Zip Code

92007-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31522167

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary E. Ivey

Mailing Address 514 Gentlemens Ridge

City

Signal Mountain

State

TN

Zip Code

37377-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524644

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank E. Plan

Mailing Address 1533 Lakewood Place

City

Auburn

State

AL

Zip Code

36830-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524645

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William T. Holmes

Mailing Address 8 Barr Road

City

Berwyn

State

PA

Zip Code

19312-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524646

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John L. Lumelleau

Mailing Address 2611 W. 70th Street

City

Mission Hills

State

KS

Zip Code

66208-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockton, Inc. (HQ)

Occupation

President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524647

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Culpepper

Mailing Address 7280 Stillwater Drive

City

Columbus

State

GA

Zip Code

31904-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 0

Transaction ID: 31524652

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Moreno

Mailing Address 150 Halsbury Ct.

City

Lake Sherwood

State

CA

Zip Code

91361-5184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USI of Southern California  
Insurance S

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31524699

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve S Williams

Mailing Address 103 Bella Vista Drive

City

Hillsborough

State

CA

Zip Code

94010-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heffernan Group

Occupation

Insurance broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: 31524712

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andrew P. Neary

Mailing Address 9 Stable Court

City

Collegeville

State

PA

Zip Code

19426-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Transaction ID: 31524723

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. D. Gaines Lanier

Mailing Address P.O. Box 70

City

West Point

State

GA

Zip Code

31833-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c. (HQ)

Occupation

President &amp; COO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	0

Transaction ID: 31524724

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutherford (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31524869

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City

Matthews

State

NC

Zip Code

28105-8745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.08

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31524870

Amount of Each Receipt this Period

52.18

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vince A Daboul

Mailing Address 24 Converse Street

City

Longmeadow

State

MA

Zip Code

01106-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TD Insurance, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: 31524872

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1093.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David M. Ziegler

Mailing Address 12772 NW 15th Street

City

Coral Springs

State

FL

Zip Code

33071-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arthur J. Gallagher & Co.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: 31524873

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutherford (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524910

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City

Matthews

State

NC

Zip Code

28105-8745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.90

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524911

Amount of Each Receipt this Period

52.18

**SUBTOTAL** of Receipts This Page (optional) .....

2593.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David O Oberkircher

Mailing Address 6208 Sheaff Lane

City

Fort Washington

State

PA

Zip Code

19034-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524913

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher M. Veno

Mailing Address 1750 N. Valley Road

City

Malvern

State

PA

Zip Code

19355-8738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524915

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard J. McGlone, Jr.

Mailing Address 107 Crestside Way

City

Malvern

State

PA

Zip Code

19355-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524921

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron Encarnacion

Mailing Address 309 S. Scott Avenue

City

Glenolden

State

PA

Zip Code

19036-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524922

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C. Haney

Mailing Address 243 Yarmouth Lane

City

Media

State

PA

Zip Code

19063-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31524939

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Martin Brayboy

Mailing Address 64 Whetstone Road

City

Harwinton

State

CT

Zip Code

06791-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: 31524946

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Cawley

Mailing Address 25 Treadwell Court

City

Lutherville

State

MD

Zip Code

21093-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31524972

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter Gruenberg

Mailing Address 17 Old Dutch Road

City

Warren

State

NJ

Zip Code

07059-7162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willis HRH

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31524993

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edmund F. Garno, Jr.

Mailing Address 915 Stony Lane

City

Gladwyne

State

PA

Zip Code

19035-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31524995

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edmund F. Garno, III

Mailing Address 144 Rose Lane

City

Haverford

State

PA

Zip Code

19041-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31525003

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Lucci

Mailing Address 701 Larkspur Lane

City

Warrington

State

PA

Zip Code

18976-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31525004

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Forde

Mailing Address 1629 Claudia Way

City

North Wales

State

PA

Zip Code

19454-3679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRION (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 31525010

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Quinn, III

Mailing Address 4 Horse Drive

City

Poughquag

State

NY

Zip Code

12570-5528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31528394

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31558784

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Sullivan

Mailing Address 27455 Bridle Place

City

Chantilly

State

VA

Zip Code

20152-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Digital Insurance, Inc.  
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31558791

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1308.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr Thomas Golden

Mailing Address 7517 Sawmill Road

City

Madison

State

WI

Zip Code

53717-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mortenson, Matzelle & Mel-  
dram, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 31566659

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Kevin Clougherty

Mailing Address 203 N 4th Street

City

Mount Horeb

State

WI

Zip Code

53572-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mortenson, Matzelle & Mel-  
dram, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

Transaction ID: 31566669

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Fleet

Mailing Address 1 Brookfield Court

City

East Greenwich

State

RI

Zip Code

02818-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Employee Benefit  
Companies.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 31566673

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill D. Henry

Mailing Address 6801 Baltimore Avenue

City

Dallas

State

TX

Zip Code

75205-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McQueary Henry Bowles Tro-  
y, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31575700

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill D. Henry

Mailing Address 6801 Baltimore Avenue

City

Dallas

State

TX

Zip Code

75205-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McQueary Henry Bowles Tro-  
y, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31575743

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan Browning

Mailing Address 2401 Chiswick Lake Drive

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McQueary Henry Bowles Tro-  
y, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31575773

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kyle Moss

Mailing Address 12700 Park Central Drive  
Suite 1700

City State Zip Code  
Dallas TX 75251-1500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McQueary Henry Bowles Tro-  
y, L.L.P. (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31575804

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carla Sans

Mailing Address 4242 Lomo Alto Drive, 523

City State Zip Code  
Dallas TX 75219-1538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McQueary Henry Bowles Tro-  
y, L.L.P. (HQ)

Occupation  
Insurance broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: 31575835

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

76326.04

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wired For Change

Mailing Address 1700 Connecticut Avenue, NW  
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 31425704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 31657406

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1174.80

**SUBTOTAL** of Disbursements This Page (optional) .....

1574.80

**TOTAL** This Period (last page this line number only) .....

1574.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Halvorson For Congress

Mailing Address PO Box 176

City  
CreteState  
ILZip Code  
60417

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Deborah Halvorson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: IL

District: 11

Transaction ID: 31425710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City  
CharlestonState  
WVZip Code  
25339

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Shelley Capito

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary  
☐ General  
☐ Other (specify) ▼

State: WV

District: 02

Transaction ID: 31425715

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City  
CincinnatiState  
OHZip Code  
45244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Rob Portman

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☒ Primary  
☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: 31425716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Edwin Perlmutter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: 31425932

Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. James E. Clyburn

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: 31426083

Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Levin for Congress Committee

Mailing Address 16300 W 9 Mile Road

City Southfield State MI Zip Code 48075

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sander M. Levin

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 31467090

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

Candidate Name  
Rep. Bill Foster

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 14

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31483359

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Earl Pomeroy For Congress

Mailing Address Post Office Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement

Candidate Name  
Rep. Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

State: ND District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31483622

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name  
Rep. Roy Blunt

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31483721

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregg Harper For Congress

Mailing Address Post Office Box 54344

City  
Pearl

State  
MS

Zip Code  
39288

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Gregg Harper

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS

District: 03

Transaction ID: 31488521

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Royce Campaign Committee

Mailing Address P.O. Box 2525

City  
Orange

State  
CA

Zip Code  
92859

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ed Royce

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 39

Transaction ID: 31489180

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard Burr Committee; The

Mailing Address Post Office Box 5928

City  
Winston-Salem

State  
NC

Zip Code  
27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Richard M. Burr

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: 31489181

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hoeven For Senate

Mailing Address PO Box 15114

City  
ArlingtonState  
VAZip Code  
22215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. John Hoeven

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: VA

District:

Transaction ID: 31489193

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Gardner For Congress

Mailing Address PO Box 2408

City  
LovelandState  
COZip Code  
80539

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Cory Gardner

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: CO

District: 04

Transaction ID: 31489194

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Trey Grayson

Mailing Address PO Box 175726

City  
Ft MitchellState  
KYZip Code  
41017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Trey Grayson

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: KY

District:

Transaction ID: 31518192

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 34 / 39

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Trey Grayson

Mailing Address PO Box 175726

City  
Ft Mitchell

State  
KY

Zip Code  
41017

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Trey Grayson

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 31518193

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Coburn For Senate 2010

Mailing Address Post Office Box 977

City  
Muskogee

State  
OK

Zip Code  
74402

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Thomas Allen Coburn, M.D.

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District:

Transaction ID: 31518194

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Jack Kingston

Mailing Address 7360 Skidaway Road

City  
Savannah

State  
GA

Zip Code  
31406

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jack Kingston

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: 31518195

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 22

**Transaction ID:** 31518196

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Childers For Congress

Mailing Address PO Box 177

City  
Booneville

State  
MS

Zip Code  
38829

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Travis Wayne Childers

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS

District: 01

**Transaction ID:** 31518198

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Childers For Congress

Mailing Address PO Box 177

City  
Booneville

State  
MS

Zip Code  
38829

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Travis Wayne Childers

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS

District: 01

**Transaction ID:** 31518199

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. John Adler

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: 31518200

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Gary C. Peters

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 31518201

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Rob Portman

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 31518202

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 313 C Street Ne

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Kirsten Gillibrand

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 20

**Transaction ID:** 31527676

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Terry for Congress

Mailing Address PO Box 540098

City  
Omaha

State  
NE

Zip Code  
68154

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Lee Terry

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE

District: 02

**Transaction ID:** 31527723

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Cicilline Committee

Mailing Address 102 Waterman St, Suite 2

City  
Providence

State  
RI

Zip Code  
02906

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. David Cicilline

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI

District: 01

**Transaction ID:** 31527725

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Brad Miller For United States Congress

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name  
Rep. Brad MillerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 13

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31527728

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Adler For Congress

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement

Candidate Name  
Mr. John AdlerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31527730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Charlie Wilson

Mailing Address P.O. Box 160

City Bellaire State OH Zip Code 43906

Purpose of Disbursement

Candidate Name  
Rep. Charles A. WilsonOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31527733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jim Risch For U S Senate Committee

Mailing Address 5400 S Cole Road

City State Zip Code  
Boise ID 83709

Purpose of Disbursement

Candidate Name  
Mr. James Risch

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ID District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31529110

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

53000.00